

United States Senate

WASHINGTON, DC 20510-4802

September 28, 2012

Gene Wurth
Executive Director
American Dental Association
211 East Chicago Ave.
Chicago, Illinois 60611-2637

Dear Dr. Wurth,

I want to thank you for your national leadership in promoting the science of medicine and for all the ways your organization makes the practice of medicine safer for the people of West Virginia and across the country.

One area of medical practice that I have worked for years to raise awareness of is the need to fight prescription drug abuse. West Virginia has experienced a steep increase in deaths and overdoses from prescription drugs in recent years. In fact, overdose from prescription painkillers is now one of the leading causes of accidental death in the United States.

Health care providers are entrusted to prescribe important medications for patients while keeping them out of the hands of those who would abuse them. There are many people who truly need medications for chronic pain and other conditions, and they need a health care system that meets their needs with safe, coordinated team-based care. Unfortunately, despite their tremendous importance in treating such conditions, certain prescription drugs have a high risk of being misused or abused.

Over-prescription, misuse and abuse of controlled prescription drugs threaten the health and well-being of many Americans and add unnecessary costs to our health care system. Prescription drugs, primarily opioid painkillers, have eclipsed illegal drugs as a cause of drug overdose deaths. The Office of National Drug Control Policy describes prescription drug abuse as the nation's fastest-growing drug problem, and the Centers for Disease Control and Prevention has classified prescription drug abuse as an epidemic.

Studies show that physicians receive limited school training in identifying and treating prescription drug abuse, and limited tools are available to prescribers to help them provide evidence-based care to patients. In March of this year, I held a hearing in the Senate Finance Subcommittee on Health and heard from health care professionals about the role they can play in stopping devastating epidemic of prescription drug abuse. Witnesses continued to emphasize the need to better educate physicians and other healthcare providers about the safe and appropriate use of prescription analgesics and sedatives, as well as harness innovations like telemedicine and improved care coordination.

Unfortunately, I fear that the prescription drug abuse epidemic has already far outpaced the medical profession's ability to overcome it, given current training and modes of care

delivery. I know that health professionals encounter patients on a daily basis who are affected by inappropriate pain care, addiction, or both. Like many in your profession, not a day goes by when I don't hear another tragic story about prescription drug overdose in West Virginia. I continue to talk to too many families and communities in West Virginia that have felt the terrible burden of a loved one who is addicted to prescription drugs, or who have lost loved ones to an overdose. Simply put, I believe that without a concerted and coordinated effort from health professions schools, residency programs, payers, and health care systems to harness innovations and improve care in this area, we have little hope of turning the tide on these devastating trends.

To prevent the unsafe use of prescription drugs and reduce overdose deaths, I have introduced the Prescription Drug Abuse Prevention and Treatment Act of 2011, which would require prescribers to obtain a minimum level of training before obtaining their DEA license to prescribe controlled substances, and include other measures to reduce deaths and overdoses from prescription drugs. I have also worked with the Substance Abuse and Mental Health Services Administration to bring a Continuing Medical Education course to all prescribers in my home state of West Virginia, and recently wrote to the major health professions schools in my state to ask for more information on how they are training their students on this epidemic.

As I continue to work with members of the prescribing community, it would be very helpful for me to know what steps your organization is taking to educate your members about the prescription drug epidemic and your specific recommendations for addressing this enormous challenge.

Please address the following questions in your response:

- Are you aware of any barriers that restrict your members' abilities to effectively prevent, identify, and treat prescription drug abuse – including misuse, addiction, overdose and death -- throughout the lifespan?
- What percentage of your membership has an active license to prescribe controlled substances? Of that group, what percentage has received training on evidence-based clinical guidelines and/or best practices for prescribing opioids for chronic pain and identifying people at risk of addiction?
- In what ways, if any do you seek to educate your membership on best practices for reducing the risk of prescription drug abuse, while ensuring access to prescriptions for people with a legitimate medical need? If so, how do you distribute this information to your members and encourage its use?
- Do you regularly communicate with your membership to determine the challenges they face when seeking to appropriately prescribe controlled substances and seek their recommendations for health system improvements in this area?
- In what ways can third-party payers – both public and private - help provide information, resources, and tools that providers need to make decisions regarding controlled substances?

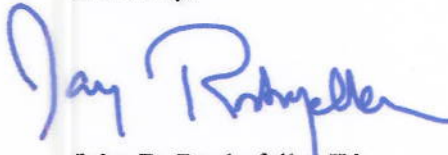
- How do you suggest we use and build on existing systems within Medicare, Medicaid, and the private sector to identify inappropriate drug use and provide feedback to doctors and patients to ensure better coordinated care?
- With regard to the daily practice challenges faced by your membership, how does prescription drug abuse fit into the larger context of barriers to appropriate mental health, substance abuse, and addiction treatment?

The prescription drug problem is complex and growing, and it will take all of us working together to change the landscape. I am committed, as I know you are, to working as long and as hard as it takes to stem the tide of this devastating epidemic.

I look forward to receiving your response no later than October 19, 2012. If you have any questions, please do not hesitate to contact Carole Pratt or Alyssa Penna on my staff at 202-224-6472.

Thank you for taking the time to respond to these questions and contribute your expertise to stopping this epidemic. I appreciate your leadership in medicine and look forward to working with you to fight the epidemic of prescription drug abuse throughout the country.

Sincerely,



John D. Rockefeller IV

United States Senate

WASHINGTON, DC 20510-4802

September 28, 2012

Mr. Dean Wilkerson
Executive Director
American College of Emergency Physicians
P.O. Box 619911
Dallas, Texas 75261-9911

Dear Dr. Wilkerson,

I want to thank you for your national leadership in promoting the science of medicine and for all the ways your organization makes the practice of medicine safer for the people of West Virginia and across the country.

One area of medical practice that I have worked for years to raise awareness of is the need to fight prescription drug abuse. West Virginia has experienced a steep increase in deaths and overdoses from prescription drugs in recent years. In fact, overdose from prescription painkillers is now one of the leading causes of accidental death in the United States.

Health care providers are entrusted to prescribe important medications for patients while keeping them out of the hands of those who would abuse them. There are many people who truly need medications for chronic pain and other conditions, and they need a health care system that meets their needs with safe, coordinated team-based care. Unfortunately, despite their tremendous importance in treating such conditions, certain prescription drugs have a high risk of being misused or abused.

Over-prescription, misuse and abuse of controlled prescription drugs threaten the health and well-being of many Americans and add unnecessary costs to our health care system. Prescription drugs, primarily opioid painkillers, have eclipsed illegal drugs as a cause of drug overdose deaths. The Office of National Drug Control Policy describes prescription drug abuse as the nation's fastest-growing drug problem, and the Centers for Disease Control and Prevention has classified prescription drug abuse as an epidemic.

Studies show that physicians receive limited school training in identifying and treating prescription drug abuse, and limited tools are available to prescribers to help them provide evidence-based care to patients. In March of this year, I held a hearing in the Senate Finance Subcommittee on Health and heard from health care professionals about the role they can play in stopping devastating epidemic of prescription drug abuse. Witnesses continued to emphasize the need to better educate physicians and other healthcare providers about the safe and appropriate use of prescription analgesics and sedatives, as well as harness innovations like telemedicine and improved care coordination.

Unfortunately, I fear that the prescription drug abuse epidemic has already far outpaced the medical profession's ability to overcome it, given current training and modes of care

delivery. I know that health professionals encounter patients on a daily basis who are affected by inappropriate pain care, addiction, or both. Like many in your profession, not a day goes by when I don't hear another tragic story about prescription drug overdose in West Virginia. I continue to talk to too many families and communities in West Virginia that have felt the terrible burden of a loved one who is addicted to prescription drugs, or who have lost loved ones to an overdose. Simply put, I believe that without a concerted and coordinated effort from health professions schools, residency programs, payers, and health care systems to harness innovations and improve care in this area, we have little hope of turning the tide on these devastating trends.

To prevent the unsafe use of prescription drugs and reduce overdose deaths, I have introduced the Prescription Drug Abuse Prevention and Treatment Act of 2011, which would require prescribers to obtain a minimum level of training before obtaining their DEA license to prescribe controlled substances, and include other measures to reduce deaths and overdoses from prescription drugs. I have also worked with the Substance Abuse and Mental Health Services Administration to bring a Continuing Medical Education course to all prescribers in my home state of West Virginia, and recently wrote to the major health professions schools in my state to ask for more information on how they are training their students on this epidemic.

As I continue to work with members of the prescribing community, it would be very helpful for me to know what steps your organization is taking to educate your members about the prescription drug epidemic and your specific recommendations for addressing this enormous challenge.

Please address the following questions in your response:

- Are you aware of any barriers that restrict your members' abilities to effectively prevent, identify, and treat prescription drug abuse – including misuse, addiction, overdose and death -- throughout the lifespan?
- What percentage of your membership has an active license to prescribe controlled substances? Of that group, what percentage has received training on evidence-based clinical guidelines and/or best practices for prescribing opioids for chronic pain and identifying people at risk of addiction?
- In what ways, if any do you seek to educate your membership on best practices for reducing the risk of prescription drug abuse, while ensuring access to prescriptions for people with a legitimate medical need? If so, how do you distribute this information to your members and encourage its use?
- Do you regularly communicate with your membership to determine the challenges they face when seeking to appropriately prescribe controlled substances and seek their recommendations for health system improvements in this area?
- In what ways can third-party payers – both public and private - help provide information, resources, and tools that providers need to make decisions regarding controlled substances?

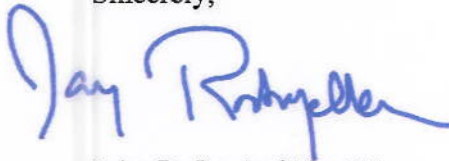
- How do you suggest we use and build on existing systems within Medicare, Medicaid, and the private sector to identify inappropriate drug use and provide feedback to doctors and patients to ensure better coordinated care?
- With regard to the daily practice challenges faced by your membership, how does prescription drug abuse fit into the larger context of barriers to appropriate mental health, substance abuse, and addiction treatment?

The prescription drug problem is complex and growing, and it will take all of us working together to change the landscape. I am committed, as I know you are, to working as long and as hard as it takes to stem the tide of this devastating epidemic.

I look forward to receiving your response no later than October 19, 2012. If you have any questions, please do not hesitate to contact Carole Pratt or Alyssa Penna on my staff at 202-224-6472.

Thank you for taking the time to respond to these questions and contribute your expertise to stopping this epidemic. I appreciate your leadership in medicine and look forward to working with you to fight the epidemic of prescription drug abuse throughout the country.

Sincerely,



John D. Rockefeller IV

United States Senate
WASHINGTON, DC 20510-4802

September 28, 2012

Dr. Marla Weston
Chief Executive Officer
American Nurses Association
8515 Georgia Avenue, Suite 400
Silver Spring, Maryland 20910-3492

Dear Dr. Weston,

I want to thank you for your national leadership in promoting the science of medicine and for all the ways your organization makes the practice of medicine safer for the people of West Virginia and across the country.

One area of medical practice that I have worked for years to raise awareness of is the need to fight prescription drug abuse. West Virginia has experienced a steep increase in deaths and overdoses from prescription drugs in recent years. In fact, overdose from prescription painkillers is now one of the leading causes of accidental death in the United States.

Health care providers are entrusted to prescribe important medications for patients while keeping them out of the hands of those who would abuse them. There are many people who truly need medications for chronic pain and other conditions, and they need a health care system that meets their needs with safe, coordinated team-based care. Unfortunately, despite their tremendous importance in treating such conditions, certain prescription drugs have a high risk of being misused or abused.

Over-prescription, misuse and abuse of controlled prescription drugs threaten the health and well-being of many Americans and add unnecessary costs to our health care system. Prescription drugs, primarily opioid painkillers, have eclipsed illegal drugs as a cause of drug overdose deaths. The Office of National Drug Control Policy describes prescription drug abuse as the nation's fastest-growing drug problem, and the Centers for Disease Control and Prevention has classified prescription drug abuse as an epidemic.

Studies show that physicians receive limited school training in identifying and treating prescription drug abuse, and limited tools are available to prescribers to help them provide evidence-based care to patients. In March of this year, I held a hearing in the Senate Finance Subcommittee on Health and heard from health care professionals about the role they can play in stopping devastating epidemic of prescription drug abuse. Witnesses continued to emphasize the need to better educate physicians and other healthcare providers about the safe and appropriate use of prescription analgesics and sedatives, as well as harness innovations like telemedicine and improved care coordination.

Unfortunately, I fear that the prescription drug abuse epidemic has already far outpaced the medical profession's ability to overcome it, given current training and modes of care

delivery. I know that health professionals encounter patients on a daily basis who are affected by inappropriate pain care, addiction, or both. Like many in your profession, not a day goes by when I don't hear another tragic story about prescription drug overdose in West Virginia. I continue to talk to too many families and communities in West Virginia that have felt the terrible burden of a loved one who is addicted to prescription drugs, or who have lost loved ones to an overdose. Simply put, I believe that without a concerted and coordinated effort from health professions schools, residency programs, payers, and health care systems to harness innovations and improve care in this area, we have little hope of turning the tide on these devastating trends.

To prevent the unsafe use of prescription drugs and reduce overdose deaths, I have introduced the Prescription Drug Abuse Prevention and Treatment Act of 2011, which would require prescribers to obtain a minimum level of training before obtaining their DEA license to prescribe controlled substances, and include other measures to reduce deaths and overdoses from prescription drugs. I have also worked with the Substance Abuse and Mental Health Services Administration to bring a Continuing Medical Education course to all prescribers in my home state of West Virginia, and recently wrote to the major health professions schools in my state to ask for more information on how they are training their students on this epidemic.

As I continue to work with members of the prescribing community, it would be very helpful for me to know what steps your organization is taking to educate your members about the prescription drug epidemic and your specific recommendations for addressing this enormous challenge.

Please address the following questions in your response:

- Are you aware of any barriers that restrict your members' abilities to effectively prevent, identify, and treat prescription drug abuse – including misuse, addiction, overdose and death -- throughout the lifespan?
- What percentage of your membership has an active license to prescribe controlled substances? Of that group, what percentage has received training on evidence-based clinical guidelines and/or best practices for prescribing opioids for chronic pain and identifying people at risk of addiction?
- In what ways, if any do you seek to educate your membership on best practices for reducing the risk of prescription drug abuse, while ensuring access to prescriptions for people with a legitimate medical need? If so, how do you distribute this information to your members and encourage its use?
- Do you regularly communicate with your membership to determine the challenges they face when seeking to appropriately prescribe controlled substances and seek their recommendations for health system improvements in this area?
- In what ways can third-party payers – both public and private - help provide information, resources, and tools that providers need to make decisions regarding controlled substances?

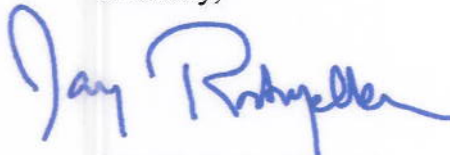
- How do you suggest we use and build on existing systems within Medicare, Medicaid, and the private sector to identify inappropriate drug use and provide feedback to doctors and patients to ensure better coordinated care?
- With regard to the daily practice challenges faced by your membership, how does prescription drug abuse fit into the larger context of barriers to appropriate mental health, substance abuse, and addiction treatment?

The prescription drug problem is complex and growing, and it will take all of us working together to change the landscape. I am committed, as I know you are, to working as long and as hard as it takes to stem the tide of this devastating epidemic.

I look forward to receiving your response no later than October 19, 2012. If you have any questions, please do not hesitate to contact Carole Pratt or Alyssa Penna on my staff at 202-224-6472.

Thank you for taking the time to respond to these questions and contribute your expertise to stopping this epidemic. I appreciate your leadership in medicine and look forward to working with you to fight the epidemic of prescription drug abuse throughout the country.

Sincerely,



John D. Rockefeller IV

United States Senate

WASHINGTON, DC 20510-4802

September 28, 2012

Steven Weinberger
EVP/CEO
American College of Physicians
190 N Independence Mall West
Philadelphia, Pennsylvania 19106-1572

Dear Dr. Weinberger,

I want to thank you for your national leadership in promoting the science of medicine and for all the ways your organization makes the practice of medicine safer for the people of West Virginia and across the country.

One area of medical practice that I have worked for years to raise awareness of is the need to fight prescription drug abuse. West Virginia has experienced a steep increase in deaths and overdoses from prescription drugs in recent years. In fact, overdose from prescription painkillers is now one of the leading causes of accidental death in the United States.

Health care providers are entrusted to prescribe important medications for patients while keeping them out of the hands of those who would abuse them. There are many people who truly need medications for chronic pain and other conditions, and they need a health care system that meets their needs with safe, coordinated team-based care. Unfortunately, despite their tremendous importance in treating such conditions, certain prescription drugs have a high risk of being misused or abused.

Over-prescription, misuse and abuse of controlled prescription drugs threaten the health and well-being of many Americans and add unnecessary costs to our health care system. Prescription drugs, primarily opioid painkillers, have eclipsed illegal drugs as a cause of drug overdose deaths. The Office of National Drug Control Policy describes prescription drug abuse as the nation's fastest-growing drug problem, and the Centers for Disease Control and Prevention has classified prescription drug abuse as an epidemic.

Studies show that physicians receive limited school training in identifying and treating prescription drug abuse, and limited tools are available to prescribers to help them provide evidence-based care to patients. In March of this year, I held a hearing in the Senate Finance Subcommittee on Health and heard from health care professionals about the role they can play in stopping devastating epidemic of prescription drug abuse. Witnesses continued to emphasize the need to better educate physicians and other healthcare providers about the safe and appropriate use of prescription analgesics and sedatives, as well as harness innovations like telemedicine and improved care coordination.

Unfortunately, I fear that the prescription drug abuse epidemic has already far outpaced the medical profession's ability to overcome it, given current training and modes of care

delivery. I know that health professionals encounter patients on a daily basis who are affected by inappropriate pain care, addiction, or both. Like many in your profession, not a day goes by when I don't hear another tragic story about prescription drug overdose in West Virginia. I continue to talk to too many families and communities in West Virginia that have felt the terrible burden of a loved one who is addicted to prescription drugs, or who have lost loved ones to an overdose. Simply put, I believe that without a concerted and coordinated effort from health professions schools, residency programs, payers, and health care systems to harness innovations and improve care in this area, we have little hope of turning the tide on these devastating trends.

To prevent the unsafe use of prescription drugs and reduce overdose deaths, I have introduced the Prescription Drug Abuse Prevention and Treatment Act of 2011, which would require prescribers to obtain a minimum level of training before obtaining their DEA license to prescribe controlled substances, and include other measures to reduce deaths and overdoses from prescription drugs. I have also worked with the Substance Abuse and Mental Health Services Administration to bring a Continuing Medical Education course to all prescribers in my home state of West Virginia, and recently wrote to the major health professions schools in my state to ask for more information on how they are training their students on this epidemic.

As I continue to work with members of the prescribing community, it would be very helpful for me to know what steps your organization is taking to educate your members about the prescription drug epidemic and your specific recommendations for addressing this enormous challenge.

Please address the following questions in your response:

- Are you aware of any barriers that restrict your members' abilities to effectively prevent, identify, and treat prescription drug abuse – including misuse, addiction, overdose and death -- throughout the lifespan?
- What percentage of your membership has an active license to prescribe controlled substances? Of that group, what percentage has received training on evidence-based clinical guidelines and/or best practices for prescribing opioids for chronic pain and identifying people at risk of addiction?
- In what ways, if any do you seek to educate your membership on best practices for reducing the risk of prescription drug abuse, while ensuring access to prescriptions for people with a legitimate medical need? If so, how do you distribute this information to your members and encourage its use?
- Do you regularly communicate with your membership to determine the challenges they face when seeking to appropriately prescribe controlled substances and seek their recommendations for health system improvements in this area?
- In what ways can third-party payers – both public and private - help provide information, resources, and tools that providers need to make decisions regarding controlled substances?

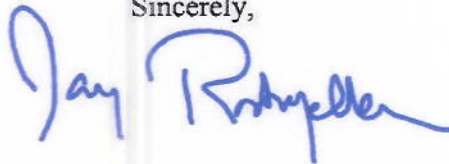
- How do you suggest we use and build on existing systems within Medicare, Medicaid, and the private sector to identify inappropriate drug use and provide feedback to doctors and patients to ensure better coordinated care?
- With regard to the daily practice challenges faced by your membership, how does prescription drug abuse fit into the larger context of barriers to appropriate mental health, substance abuse, and addiction treatment?

The prescription drug problem is complex and growing, and it will take all of us working together to change the landscape. I am committed, as I know you are, to working as long and as hard as it takes to stem the tide of this devastating epidemic.

I look forward to receiving your response no later than October 19, 2012. If you have any questions, please do not hesitate to contact Carole Pratt or Alyssa Penna on my staff at 202-224-6472.

Thank you for taking the time to respond to these questions and contribute your expertise to stopping this epidemic. I appreciate your leadership in medicine and look forward to working with you to fight the epidemic of prescription drug abuse throughout the country.

Sincerely,



John D. Rockefeller IV

United States Senate

WASHINGTON, DC 20510-4802

September 28, 2012

Harrison Spencer
President and CEO
Association of Schools of Public Health
1900 M Street NW, Suite 710
Washington, D.C. 20036-3504

Dear Dr. Spencer,

I want to thank you for your national leadership in promoting the science of medicine and for all the ways your organization makes the practice of medicine safer for the people of West Virginia and across the country.

One area of medical practice that I have worked for years to raise awareness of is the need to fight prescription drug abuse. West Virginia has experienced a steep increase in deaths and overdoses from prescription drugs in recent years. In fact, overdose from prescription painkillers is now one of the leading causes of accidental death in the United States.

Health care providers are entrusted to prescribe important medications for patients while keeping them out of the hands of those who would abuse them. There are many people who truly need medications for chronic pain and other conditions, and they need a health care system that meets their needs with safe, coordinated team-based care. Unfortunately, despite their tremendous importance in treating such conditions, certain prescription drugs have a high risk of being misused or abused.

Over-prescription, misuse and abuse of controlled prescription drugs threaten the health and well-being of many Americans and add unnecessary costs to our health care system. Prescription drugs, primarily opioid painkillers, have eclipsed illegal drugs as a cause of drug overdose deaths. The Office of National Drug Control Policy describes prescription drug abuse as the nation's fastest-growing drug problem, and the Centers for Disease Control and Prevention has classified prescription drug abuse as an epidemic.

Studies show that physicians receive limited school training in identifying and treating prescription drug abuse, and limited tools are available to prescribers to help them provide evidence-based care to patients. In March of this year, I held a hearing in the Senate Finance Subcommittee on Health and heard from health care professionals about the role they can play in stopping devastating epidemic of prescription drug abuse. Witnesses continued to emphasize the need to better educate physicians and other healthcare providers about the safe and appropriate use of prescription analgesics and sedatives, as well as harness innovations like telemedicine and improved care coordination.

Unfortunately, I fear that the prescription drug abuse epidemic has already far outpaced the medical profession's ability to overcome it, given current training and modes of care

delivery. I know that health professionals encounter patients on a daily basis who are affected by inappropriate pain care, addiction, or both. Like many in your profession, not a day goes by when I don't hear another tragic story about prescription drug overdose in West Virginia. I continue to talk to too many families and communities in West Virginia that have felt the terrible burden of a loved one who is addicted to prescription drugs, or who have lost loved ones to an overdose. Simply put, I believe that without a concerted and coordinated effort from health professions schools, residency programs, payers, and health care systems to harness innovations and improve care in this area, we have little hope of turning the tide on these devastating trends.

To prevent the unsafe use of prescription drugs and reduce overdose deaths, I have introduced the Prescription Drug Abuse Prevention and Treatment Act of 2011, which would require prescribers to obtain a minimum level of training before obtaining their DEA license to prescribe controlled substances, and include other measures to reduce deaths and overdoses from prescription drugs. I have also worked with the Substance Abuse and Mental Health Services Administration to bring a Continuing Medical Education course to all prescribers in my home state of West Virginia, and recently wrote to the major health professions schools in my state to ask for more information on how they are training their students on this epidemic.

As I continue to work with members of the prescribing community, it would be very helpful for me to know what steps your organization is taking to educate your members about the prescription drug epidemic and your specific recommendations for addressing this enormous challenge.

Please address the following questions in your response:

- Are you aware of any barriers that restrict your members' abilities to effectively prevent, identify, and treat prescription drug abuse – including misuse, addiction, overdose and death -- throughout the lifespan?
- What percentage of your membership has an active license to prescribe controlled substances? Of that group, what percentage has received training on evidence-based clinical guidelines and/or best practices for prescribing opioids for chronic pain and identifying people at risk of addiction?
- In what ways, if any do you seek to educate your membership on best practices for reducing the risk of prescription drug abuse, while ensuring access to prescriptions for people with a legitimate medical need? If so, how do you distribute this information to your members and encourage its use?
- Do you regularly communicate with your membership to determine the challenges they face when seeking to appropriately prescribe controlled substances and seek their recommendations for health system improvements in this area?
- In what ways can third-party payers – both public and private - help provide information, resources, and tools that providers need to make decisions regarding controlled substances?

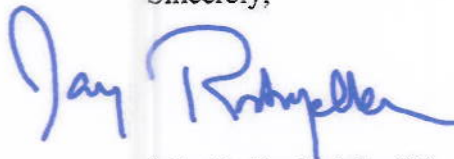
- How do you suggest we use and build on existing systems within Medicare, Medicaid, and the private sector to identify inappropriate drug use and provide feedback to doctors and patients to ensure better coordinated care?
- With regard to the daily practice challenges faced by your membership, how does prescription drug abuse fit into the larger context of barriers to appropriate mental health, substance abuse, and addiction treatment?

The prescription drug problem is complex and growing, and it will take all of us working together to change the landscape. I am committed, as I know you are, to working as long and as hard as it takes to stem the tide of this devastating epidemic.

I look forward to receiving your response no later than October 19, 2012. If you have any questions, please do not hesitate to contact Carole Pratt or Alyssa Penna on my staff at 202-224-6472.

Thank you for taking the time to respond to these questions and contribute your expertise to stopping this epidemic. I appreciate your leadership in medicine and look forward to working with you to fight the epidemic of prescription drug abuse throughout the country.

Sincerely,



John D. Rockefeller IV

United States Senate

WASHINGTON, DC 20510-4802

September 28, 2012

Dr. James Madara
Chief Executive Officer & Executive Vice President
American Medical Association
515 N. State Street
Chicago, Illinois 60654-4854

Dear James,

I want to thank you for your national leadership in promoting the science of medicine and for all the ways your organization makes the practice of medicine safer for the people of West Virginia and across the country.

One area of medical practice that I have worked for years to raise awareness of is the need to fight prescription drug abuse. West Virginia has experienced a steep increase in deaths and overdoses from prescription drugs in recent years. In fact, overdose from prescription painkillers is now one of the leading causes of accidental death in the United States.

Health care providers are entrusted to prescribe important medications for patients while keeping them out of the hands of those who would abuse them. There are many people who truly need medications for chronic pain and other conditions, and they need a health care system that meets their needs with safe, coordinated team-based care. Unfortunately, despite their tremendous importance in treating such conditions, certain prescription drugs have a high risk of being misused or abused.

Over-prescription, misuse and abuse of controlled prescription drugs threaten the health and well-being of many Americans and add unnecessary costs to our health care system. Prescription drugs, primarily opioid painkillers, have eclipsed illegal drugs as a cause of drug overdose deaths. The Office of National Drug Control Policy describes prescription drug abuse as the nation's fastest-growing drug problem, and the Centers for Disease Control and Prevention has classified prescription drug abuse as an epidemic.

Studies show that physicians receive limited school training in identifying and treating prescription drug abuse, and limited tools are available to prescribers to help them provide evidence-based care to patients. In March of this year, I held a hearing in the Senate Finance Subcommittee on Health and heard from health care professionals about the role they can play in stopping devastating epidemic of prescription drug abuse. Witnesses continued to emphasize the need to better educate physicians and other healthcare providers about the safe and appropriate use of prescription analgesics and sedatives, as well as harness innovations like telemedicine and improved care coordination.

Unfortunately, I fear that the prescription drug abuse epidemic has already far outpaced the medical profession's ability to overcome it, given current training and modes of care

delivery. I know that health professionals encounter patients on a daily basis who are affected by inappropriate pain care, addiction, or both. Like many in your profession, not a day goes by when I don't hear another tragic story about prescription drug overdose in West Virginia. I continue to talk to too many families and communities in West Virginia that have felt the terrible burden of a loved one who is addicted to prescription drugs, or who have lost loved ones to an overdose. Simply put, I believe that without a concerted and coordinated effort from health professions schools, residency programs, payers, and health care systems to harness innovations and improve care in this area, we have little hope of turning the tide on these devastating trends.

To prevent the unsafe use of prescription drugs and reduce overdose deaths, I have introduced the Prescription Drug Abuse Prevention and Treatment Act of 2011, which would require prescribers to obtain a minimum level of training before obtaining their DEA license to prescribe controlled substances, and include other measures to reduce deaths and overdoses from prescription drugs. I have also worked with the Substance Abuse and Mental Health Services Administration to bring a Continuing Medical Education course to all prescribers in my home state of West Virginia, and recently wrote to the major health professions schools in my state to ask for more information on how they are training their students on this epidemic.

As I continue to work with members of the prescribing community, it would be very helpful for me to know what steps your organization is taking to educate your members about the prescription drug epidemic and your specific recommendations for addressing this enormous challenge.

Please address the following questions in your response:

- Are you aware of any barriers that restrict your members' abilities to effectively prevent, identify, and treat prescription drug abuse – including misuse, addiction, overdose and death -- throughout the lifespan?
- What percentage of your membership has an active license to prescribe controlled substances? Of that group, what percentage has received training on evidence-based clinical guidelines and/or best practices for prescribing opioids for chronic pain and identifying people at risk of addiction?
- In what ways, if any do you seek to educate your membership on best practices for reducing the risk of prescription drug abuse, while ensuring access to prescriptions for people with a legitimate medical need? If so, how do you distribute this information to your members and encourage its use?
- Do you regularly communicate with your membership to determine the challenges they face when seeking to appropriately prescribe controlled substances and seek their recommendations for health system improvements in this area?
- In what ways can third-party payers – both public and private - help provide information, resources, and tools that providers need to make decisions regarding controlled substances?

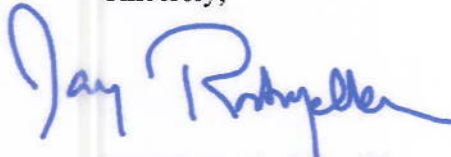
- How do you suggest we use and build on existing systems within Medicare, Medicaid, and the private sector to identify inappropriate drug use and provide feedback to doctors and patients to ensure better coordinated care?
- With regard to the daily practice challenges faced by your membership, how does prescription drug abuse fit into the larger context of barriers to appropriate mental health, substance abuse, and addiction treatment?

The prescription drug problem is complex and growing, and it will take all of us working together to change the landscape. I am committed, as I know you are, to working as long and as hard as it takes to stem the tide of this devastating epidemic.

I look forward to receiving your response no later than October 19, 2012. If you have any questions, please do not hesitate to contact Carole Pratt or Alyssa Penna on my staff at 202-224-6472.

Thank you for taking the time to respond to these questions and contribute your expertise to stopping this epidemic. I appreciate your leadership in medicine and look forward to working with you to fight the epidemic of prescription drug abuse throughout the country.

Sincerely,



John D. Rockefeller IV

United States Senate

WASHINGTON, DC 20510-4802

September 28, 2012

Darrell Kirch
President and CEO
Association of American Medical Colleges
2450 N Street, NW
Washington, D.C. 20037-3052

Dear Dr. Kirch,

I want to thank you for your national leadership in promoting the science of medicine and for all the ways your organization makes the practice of medicine safer for the people of West Virginia and across the country.

One area of medical practice that I have worked for years to raise awareness of is the need to fight prescription drug abuse. West Virginia has experienced a steep increase in deaths and overdoses from prescription drugs in recent years. In fact, overdose from prescription painkillers is now one of the leading causes of accidental death in the United States.

Health care providers are entrusted to prescribe important medications for patients while keeping them out of the hands of those who would abuse them. There are many people who truly need medications for chronic pain and other conditions, and they need a health care system that meets their needs with safe, coordinated team-based care. Unfortunately, despite their tremendous importance in treating such conditions, certain prescription drugs have a high risk of being misused or abused.

Over-prescription, misuse and abuse of controlled prescription drugs threaten the health and well-being of many Americans and add unnecessary costs to our health care system. Prescription drugs, primarily opioid painkillers, have eclipsed illegal drugs as a cause of drug overdose deaths. The Office of National Drug Control Policy describes prescription drug abuse as the nation's fastest-growing drug problem, and the Centers for Disease Control and Prevention has classified prescription drug abuse as an epidemic.

Studies show that physicians receive limited school training in identifying and treating prescription drug abuse, and limited tools are available to prescribers to help them provide evidence-based care to patients. In March of this year, I held a hearing in the Senate Finance Subcommittee on Health and heard from health care professionals about the role they can play in stopping devastating epidemic of prescription drug abuse. Witnesses continued to emphasize the need to better educate physicians and other healthcare providers about the safe and appropriate use of prescription analgesics and sedatives, as well as harness innovations like telemedicine and improved care coordination.

Unfortunately, I fear that the prescription drug abuse epidemic has already far outpaced the medical profession's ability to overcome it, given current training and modes of care

delivery. I know that health professionals encounter patients on a daily basis who are affected by inappropriate pain care, addiction, or both. Like many in your profession, not a day goes by when I don't hear another tragic story about prescription drug overdose in West Virginia. I continue to talk to too many families and communities in West Virginia that have felt the terrible burden of a loved one who is addicted to prescription drugs, or who have lost loved ones to an overdose. Simply put, I believe that without a concerted and coordinated effort from health professions schools, residency programs, payers, and health care systems to harness innovations and improve care in this area, we have little hope of turning the tide on these devastating trends.

To prevent the unsafe use of prescription drugs and reduce overdose deaths, I have introduced the Prescription Drug Abuse Prevention and Treatment Act of 2011, which would require prescribers to obtain a minimum level of training before obtaining their DEA license to prescribe controlled substances, and include other measures to reduce deaths and overdoses from prescription drugs. I have also worked with the Substance Abuse and Mental Health Services Administration to bring a Continuing Medical Education course to all prescribers in my home state of West Virginia, and recently wrote to the major health professions schools in my state to ask for more information on how they are training their students on this epidemic.

As I continue to work with members of the prescribing community, it would be very helpful for me to know what steps your organization is taking to educate your members about the prescription drug epidemic and your specific recommendations for addressing this enormous challenge.

Please address the following questions in your response:

- Are you aware of any barriers that restrict your members' abilities to effectively prevent, identify, and treat prescription drug abuse -- including misuse, addiction, overdose and death -- throughout the lifespan?
- What percentage of your membership has an active license to prescribe controlled substances? Of that group, what percentage has received training on evidence-based clinical guidelines and/or best practices for prescribing opioids for chronic pain and identifying people at risk of addiction?
- In what ways, if any do you seek to educate your membership on best practices for reducing the risk of prescription drug abuse, while ensuring access to prescriptions for people with a legitimate medical need? If so, how do you distribute this information to your members and encourage its use?
- Do you regularly communicate with your membership to determine the challenges they face when seeking to appropriately prescribe controlled substances and seek their recommendations for health system improvements in this area?
- In what ways can third-party payers -- both public and private - help provide information, resources, and tools that providers need to make decisions regarding controlled substances?

- How do you suggest we use and build on existing systems within Medicare, Medicaid, and the private sector to identify inappropriate drug use and provide feedback to doctors and patients to ensure better coordinated care?
- With regard to the daily practice challenges faced by your membership, how does prescription drug abuse fit into the larger context of barriers to appropriate mental health, substance abuse, and addiction treatment?

The prescription drug problem is complex and growing, and it will take all of us working together to change the landscape. I am committed, as I know you are, to working as long and as hard as it takes to stem the tide of this devastating epidemic.

I look forward to receiving your response no later than October 19, 2012. If you have any questions, please do not hesitate to contact Carole Pratt or Alyssa Penna on my staff at 202-224-6472.

Thank you for taking the time to respond to these questions and contribute your expertise to stopping this epidemic. I appreciate your leadership in medicine and look forward to working with you to fight the epidemic of prescription drug abuse throughout the country.

Sincerely,



John D. Rockefeller IV

United States Senate

WASHINGTON, DC 20510-4802

October 1, 2012

Dr. David Hoyt
Executive Director
American College of Surgeons
633 N Saint Clair Street
Chicago, Illinois 60611-3234

Dear Dr. Hoyt,

I want to thank you for your national leadership in promoting the science of medicine and for all the ways your organization makes the practice of medicine safer for the people of West Virginia and across the country.

One area of medical practice that I have worked for years to raise awareness of is the need to fight prescription drug abuse. West Virginia has experienced a steep increase in deaths and overdoses from prescription drugs in recent years. In fact, overdose from prescription painkillers is now one of the leading causes of accidental death in the United States.

Health care providers are entrusted to prescribe important medications for patients while keeping them out of the hands of those who would abuse them. There are many people who truly need medications for chronic pain and other conditions, and they need a health care system that meets their needs with safe, coordinated team-based care. Unfortunately, despite their tremendous importance in treating such conditions, certain prescription drugs have a high risk of being misused or abused.

Over-prescription, misuse and abuse of controlled prescription drugs threaten the health and well-being of many Americans and add unnecessary costs to our health care system. Prescription drugs, primarily opioid painkillers, have eclipsed illegal drugs as a cause of drug overdose deaths. The Office of National Drug Control Policy describes prescription drug abuse as the nation's fastest-growing drug problem, and the Centers for Disease Control and Prevention has classified prescription drug abuse as an epidemic.

Studies show that physicians receive limited school training in identifying and treating prescription drug abuse, and limited tools are available to prescribers to help them provide evidence-based care to patients. In March of this year, I held a hearing in the Senate Finance Subcommittee on Health and heard from health care professionals about the role they can play in stopping devastating epidemic of prescription drug abuse. Witnesses continued to emphasize the need to better educate physicians and other healthcare providers about the safe and appropriate use of prescription analgesics and sedatives, as well as harness innovations like telemedicine and improved care coordination.

Unfortunately, I fear that the prescription drug abuse epidemic has already far outpaced the medical profession's ability to overcome it, given current training and modes of care

delivery. I know that health professionals encounter patients on a daily basis who are affected by inappropriate pain care, addiction, or both. Like many in your profession, not a day goes by when I don't hear another tragic story about prescription drug overdose in West Virginia. I continue to talk to too many families and communities in West Virginia that have felt the terrible burden of a loved one who is addicted to prescription drugs, or who have lost loved ones to an overdose. Simply put, I believe that without a concerted and coordinated effort from health professions schools, residency programs, payers, and health care systems to harness innovations and improve care in this area, we have little hope of turning the tide on these devastating trends.

To prevent the unsafe use of prescription drugs and reduce overdose deaths, I have introduced the Prescription Drug Abuse Prevention and Treatment Act of 2011, which would require prescribers to obtain a minimum level of training before obtaining their DEA license to prescribe controlled substances, and include other measures to reduce deaths and overdoses from prescription drugs. I have also worked with the Substance Abuse and Mental Health Services Administration to bring a Continuing Medical Education course to all prescribers in my home state of West Virginia, and recently wrote to the major health professions schools in my state to ask for more information on how they are training their students on this epidemic.

As I continue to work with members of the prescribing community, it would be very helpful for me to know what steps your organization is taking to educate your members about the prescription drug epidemic and your specific recommendations for addressing this enormous challenge.

Please address the following questions in your response:

- Are you aware of any barriers that restrict your members' abilities to effectively prevent, identify, and treat prescription drug abuse – including misuse, addiction, overdose and death -- throughout the lifespan?
- What percentage of your membership has an active license to prescribe controlled substances? Of that group, what percentage has received training on evidence-based clinical guidelines and/or best practices for prescribing opioids for chronic pain and identifying people at risk of addiction?
- In what ways, if any do you seek to educate your membership on best practices for reducing the risk of prescription drug abuse, while ensuring access to prescriptions for people with a legitimate medical need? If so, how do you distribute this information to your members and encourage its use?
- Do you regularly communicate with your membership to determine the challenges they face when seeking to appropriately prescribe controlled substances and seek their recommendations for health system improvements in this area?
- In what ways can third-party payers – both public and private - help provide information, resources, and tools that providers need to make decisions regarding controlled substances?

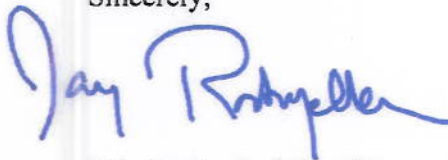
- How do you suggest we use and build on existing systems within Medicare, Medicaid, and the private sector to identify inappropriate drug use and provide feedback to doctors and patients to ensure better coordinated care?
- With regard to the daily practice challenges faced by your membership, how does prescription drug abuse fit into the larger context of barriers to appropriate mental health, substance abuse, and addiction treatment?

The prescription drug problem is complex and growing, and it will take all of us working together to change the landscape. I am committed, as I know you are, to working as long and as hard as it takes to stem the tide of this devastating epidemic.

I look forward to receiving your response no later than October 19, 2012. If you have any questions, please do not hesitate to contact Carole Pratt or Alyssa Penna on my staff at 202-224-6472.

Thank you for taking the time to respond to these questions and contribute your expertise to stopping this epidemic. I appreciate your leadership in medicine and look forward to working with you to fight the epidemic of prescription drug abuse throughout the country.

Sincerely,



John D. Rockefeller IV

United States Senate

WASHINGTON, DC 20510-4802

September 28, 2012

Dr. Douglas Henley
Executive Vice President and Chief Executive Officer
American Academy of Family Physicians
P.O. Box 11210
Overland Park, Kansas 66207-1210

Dear Dr. Henley,

I want to thank you for your national leadership in promoting the science of medicine and for all the ways your organization makes the practice of medicine safer for the people of West Virginia and across the country.

One area of medical practice that I have worked for years to raise awareness of is the need to fight prescription drug abuse. West Virginia has experienced a steep increase in deaths and overdoses from prescription drugs in recent years. In fact, overdose from prescription painkillers is now one of the leading causes of accidental death in the United States.

Health care providers are entrusted to prescribe important medications for patients while keeping them out of the hands of those who would abuse them. There are many people who truly need medications for chronic pain and other conditions, and they need a health care system that meets their needs with safe, coordinated team-based care. Unfortunately, despite their tremendous importance in treating such conditions, certain prescription drugs have a high risk of being misused or abused.

Over-prescription, misuse and abuse of controlled prescription drugs threaten the health and well-being of many Americans and add unnecessary costs to our health care system. Prescription drugs, primarily opioid painkillers, have eclipsed illegal drugs as a cause of drug overdose deaths. The Office of National Drug Control Policy describes prescription drug abuse as the nation's fastest-growing drug problem, and the Centers for Disease Control and Prevention has classified prescription drug abuse as an epidemic.

Studies show that physicians receive limited school training in identifying and treating prescription drug abuse, and limited tools are available to prescribers to help them provide evidence-based care to patients. In March of this year, I held a hearing in the Senate Finance Subcommittee on Health and heard from health care professionals about the role they can play in stopping devastating epidemic of prescription drug abuse. Witnesses continued to emphasize the need to better educate physicians and other healthcare providers about the safe and appropriate use of prescription analgesics and sedatives, as well as harness innovations like telemedicine and improved care coordination.

Unfortunately, I fear that the prescription drug abuse epidemic has already far outpaced the medical profession's ability to overcome it, given current training and modes of care

delivery. I know that health professionals encounter patients on a daily basis who are affected by inappropriate pain care, addiction, or both. Like many in your profession, not a day goes by when I don't hear another tragic story about prescription drug overdose in West Virginia. I continue to talk to too many families and communities in West Virginia that have felt the terrible burden of a loved one who is addicted to prescription drugs, or who have lost loved ones to an overdose. Simply put, I believe that without a concerted and coordinated effort from health professions schools, residency programs, payers, and health care systems to harness innovations and improve care in this area, we have little hope of turning the tide on these devastating trends.

To prevent the unsafe use of prescription drugs and reduce overdose deaths, I have introduced the Prescription Drug Abuse Prevention and Treatment Act of 2011, which would require prescribers to obtain a minimum level of training before obtaining their DEA license to prescribe controlled substances, and include other measures to reduce deaths and overdoses from prescription drugs. I have also worked with the Substance Abuse and Mental Health Services Administration to bring a Continuing Medical Education course to all prescribers in my home state of West Virginia, and recently wrote to the major health professions schools in my state to ask for more information on how they are training their students on this epidemic.

As I continue to work with members of the prescribing community, it would be very helpful for me to know what steps your organization is taking to educate your members about the prescription drug epidemic and your specific recommendations for addressing this enormous challenge.

Please address the following questions in your response:

- Are you aware of any barriers that restrict your members' abilities to effectively prevent, identify, and treat prescription drug abuse – including misuse, addiction, overdose and death -- throughout the lifespan?
- What percentage of your membership has an active license to prescribe controlled substances? Of that group, what percentage has received training on evidence-based clinical guidelines and/or best practices for prescribing opioids for chronic pain and identifying people at risk of addiction?
- In what ways, if any do you seek to educate your membership on best practices for reducing the risk of prescription drug abuse, while ensuring access to prescriptions for people with a legitimate medical need? If so, how do you distribute this information to your members and encourage its use?
- Do you regularly communicate with your membership to determine the challenges they face when seeking to appropriately prescribe controlled substances and seek their recommendations for health system improvements in this area?
- In what ways can third-party payers – both public and private - help provide information, resources, and tools that providers need to make decisions regarding controlled substances?

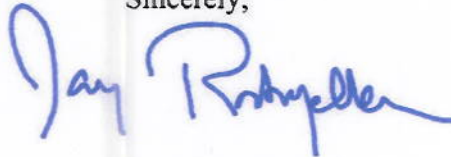
- How do you suggest we use and build on existing systems within Medicare, Medicaid, and the private sector to identify inappropriate drug use and provide feedback to doctors and patients to ensure better coordinated care?
- With regard to the daily practice challenges faced by your membership, how does prescription drug abuse fit into the larger context of barriers to appropriate mental health, substance abuse, and addiction treatment?

The prescription drug problem is complex and growing, and it will take all of us working together to change the landscape. I am committed, as I know you are, to working as long and as hard as it takes to stem the tide of this devastating epidemic.

I look forward to receiving your response no later than October 19, 2012. If you have any questions, please do not hesitate to contact Carole Pratt or Alyssa Penna on my staff at 202-224-6472.

Thank you for taking the time to respond to these questions and contribute your expertise to stopping this epidemic. I appreciate your leadership in medicine and look forward to working with you to fight the epidemic of prescription drug abuse throughout the country.

Sincerely,



John D. Rockefeller IV

United States Senate

WASHINGTON, DC 20510-4802

September 29, 2012

Ms. Jennifer Dorn
CEO
American Academy of Physician Assistants
2318 Mill Road, Suite 1300
Alexandria, Virginia 22314-6868

Dear Ms. Dorn,

I want to thank you for your national leadership in promoting the science of medicine and for all the ways your organization makes the practice of medicine safer for the people of West Virginia and across the country.

One area of medical practice that I have worked for years to raise awareness of is the need to fight prescription drug abuse. West Virginia has experienced a steep increase in deaths and overdoses from prescription drugs in recent years. In fact, overdose from prescription painkillers is now one of the leading causes of accidental death in the United States.

Health care providers are entrusted to prescribe important medications for patients while keeping them out of the hands of those who would abuse them. There are many people who truly need medications for chronic pain and other conditions, and they need a health care system that meets their needs with safe, coordinated team-based care. Unfortunately, despite their tremendous importance in treating such conditions, certain prescription drugs have a high risk of being misused or abused.

Over-prescription, misuse and abuse of controlled prescription drugs threaten the health and well-being of many Americans and add unnecessary costs to our health care system. Prescription drugs, primarily opioid painkillers, have eclipsed illegal drugs as a cause of drug overdose deaths. The Office of National Drug Control Policy describes prescription drug abuse as the nation's fastest-growing drug problem, and the Centers for Disease Control and Prevention has classified prescription drug abuse as an epidemic.

Studies show that physicians receive limited school training in identifying and treating prescription drug abuse, and limited tools are available to prescribers to help them provide evidence-based care to patients. In March of this year, I held a hearing in the Senate Finance Subcommittee on Health and heard from health care professionals about the role they can play in stopping devastating epidemic of prescription drug abuse. Witnesses continued to emphasize the need to better educate physicians and other healthcare providers about the safe and appropriate use of prescription analgesics and sedatives, as well as harness innovations like telemedicine and improved care coordination.

Unfortunately, I fear that the prescription drug abuse epidemic has already far outpaced the medical profession's ability to overcome it, given current training and modes of care

delivery. I know that health professionals encounter patients on a daily basis who are affected by inappropriate pain care, addiction, or both. Like many in your profession, not a day goes by when I don't hear another tragic story about prescription drug overdose in West Virginia. I continue to talk to too many families and communities in West Virginia that have felt the terrible burden of a loved one who is addicted to prescription drugs, or who have lost loved ones to an overdose. Simply put, I believe that without a concerted and coordinated effort from health professions schools, residency programs, payers, and health care systems to harness innovations and improve care in this area, we have little hope of turning the tide on these devastating trends.

To prevent the unsafe use of prescription drugs and reduce overdose deaths, I have introduced the Prescription Drug Abuse Prevention and Treatment Act of 2011, which would require prescribers to obtain a minimum level of training before obtaining their DEA license to prescribe controlled substances, and include other measures to reduce deaths and overdoses from prescription drugs. I have also worked with the Substance Abuse and Mental Health Services Administration to bring a Continuing Medical Education course to all prescribers in my home state of West Virginia, and recently wrote to the major health professions schools in my state to ask for more information on how they are training their students on this epidemic.

As I continue to work with members of the prescribing community, it would be very helpful for me to know what steps your organization is taking to educate your members about the prescription drug epidemic and your specific recommendations for addressing this enormous challenge.

Please address the following questions in your response:

- Are you aware of any barriers that restrict your members' abilities to effectively prevent, identify, and treat prescription drug abuse – including misuse, addiction, overdose and death -- throughout the lifespan?
- What percentage of your membership has an active license to prescribe controlled substances? Of that group, what percentage has received training on evidence-based clinical guidelines and/or best practices for prescribing opioids for chronic pain and identifying people at risk of addiction?
- In what ways, if any do you seek to educate your membership on best practices for reducing the risk of prescription drug abuse, while ensuring access to prescriptions for people with a legitimate medical need? If so, how do you distribute this information to your members and encourage its use?
- Do you regularly communicate with your membership to determine the challenges they face when seeking to appropriately prescribe controlled substances and seek their recommendations for health system improvements in this area?
- In what ways can third-party payers – both public and private - help provide information, resources, and tools that providers need to make decisions regarding controlled substances?

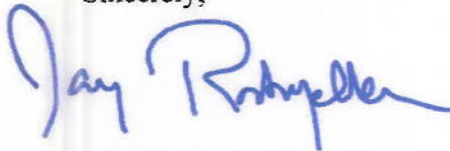
- How do you suggest we use and build on existing systems within Medicare, Medicaid, and the private sector to identify inappropriate drug use and provide feedback to doctors and patients to ensure better coordinated care?
- With regard to the daily practice challenges faced by your membership, how does prescription drug abuse fit into the larger context of barriers to appropriate mental health, substance abuse, and addiction treatment?

The prescription drug problem is complex and growing, and it will take all of us working together to change the landscape. I am committed, as I know you are, to working as long and as hard as it takes to stem the tide of this devastating epidemic.

I look forward to receiving your response no later than October 19, 2012. If you have any questions, please do not hesitate to contact Carole Pratt or Alyssa Penna on my staff at 202-224-6472.

Thank you for taking the time to respond to these questions and contribute your expertise to stopping this epidemic. I appreciate your leadership in medicine and look forward to working with you to fight the epidemic of prescription drug abuse throughout the country.

Sincerely,



John D. Rockefeller IV

United States Senate
WASHINGTON, DC 20510-4802

September 28, 2012

John B. Crosby
Executive Director
American Osteopathic Association
142 E. Ontario St.
Chicago, Illinois 60611-2874

Dear Dr. Crosby,

I want to thank you for your national leadership in promoting the science of medicine and for all the ways your organization makes the practice of medicine safer for the people of West Virginia and across the country.

One area of medical practice that I have worked for years to raise awareness of is the need to fight prescription drug abuse. West Virginia has experienced a steep increase in deaths and overdoses from prescription drugs in recent years. In fact, overdose from prescription painkillers is now one of the leading causes of accidental death in the United States.

Health care providers are entrusted to prescribe important medications for patients while keeping them out of the hands of those who would abuse them. There are many people who truly need medications for chronic pain and other conditions, and they need a health care system that meets their needs with safe, coordinated team-based care. Unfortunately, despite their tremendous importance in treating such conditions, certain prescription drugs have a high risk of being misused or abused.

Over-prescription, misuse and abuse of controlled prescription drugs threaten the health and well-being of many Americans and add unnecessary costs to our health care system. Prescription drugs, primarily opioid painkillers, have eclipsed illegal drugs as a cause of drug overdose deaths. The Office of National Drug Control Policy describes prescription drug abuse as the nation's fastest-growing drug problem, and the Centers for Disease Control and Prevention has classified prescription drug abuse as an epidemic.

Studies show that physicians receive limited school training in identifying and treating prescription drug abuse, and limited tools are available to prescribers to help them provide evidence-based care to patients. In March of this year, I held a hearing in the Senate Finance Subcommittee on Health and heard from health care professionals about the role they can play in stopping devastating epidemic of prescription drug abuse. Witnesses continued to emphasize the need to better educate physicians and other healthcare providers about the safe and appropriate use of prescription analgesics and sedatives, as well as harness innovations like telemedicine and improved care coordination.

Unfortunately, I fear that the prescription drug abuse epidemic has already far outpaced the medical profession's ability to overcome it, given current training and modes of care

delivery. I know that health professionals encounter patients on a daily basis who are affected by inappropriate pain care, addiction, or both. Like many in your profession, not a day goes by when I don't hear another tragic story about prescription drug overdose in West Virginia. I continue to talk to too many families and communities in West Virginia that have felt the terrible burden of a loved one who is addicted to prescription drugs, or who have lost loved ones to an overdose. Simply put, I believe that without a concerted and coordinated effort from health professions schools, residency programs, payers, and health care systems to harness innovations and improve care in this area, we have little hope of turning the tide on these devastating trends.

To prevent the unsafe use of prescription drugs and reduce overdose deaths, I have introduced the Prescription Drug Abuse Prevention and Treatment Act of 2011, which would require prescribers to obtain a minimum level of training before obtaining their DEA license to prescribe controlled substances, and include other measures to reduce deaths and overdoses from prescription drugs. I have also worked with the Substance Abuse and Mental Health Services Administration to bring a Continuing Medical Education course to all prescribers in my home state of West Virginia, and recently wrote to the major health professions schools in my state to ask for more information on how they are training their students on this epidemic.

As I continue to work with members of the prescribing community, it would be very helpful for me to know what steps your organization is taking to educate your members about the prescription drug epidemic and your specific recommendations for addressing this enormous challenge.

Please address the following questions in your response:

- Are you aware of any barriers that restrict your members' abilities to effectively prevent, identify, and treat prescription drug abuse – including misuse, addiction, overdose and death -- throughout the lifespan?
- What percentage of your membership has an active license to prescribe controlled substances? Of that group, what percentage has received training on evidence-based clinical guidelines and/or best practices for prescribing opioids for chronic pain and identifying people at risk of addiction?
- In what ways, if any do you seek to educate your membership on best practices for reducing the risk of prescription drug abuse, while ensuring access to prescriptions for people with a legitimate medical need? If so, how do you distribute this information to your members and encourage its use?
- Do you regularly communicate with your membership to determine the challenges they face when seeking to appropriately prescribe controlled substances and seek their recommendations for health system improvements in this area?
- In what ways can third-party payers – both public and private - help provide information, resources, and tools that providers need to make decisions regarding controlled substances?

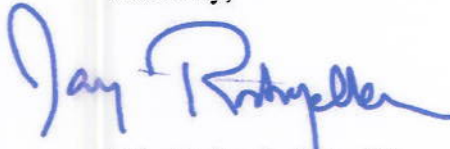
- How do you suggest we use and build on existing systems within Medicare, Medicaid, and the private sector to identify inappropriate drug use and provide feedback to doctors and patients to ensure better coordinated care?
- With regard to the daily practice challenges faced by your membership, how does prescription drug abuse fit into the larger context of barriers to appropriate mental health, substance abuse, and addiction treatment?

The prescription drug problem is complex and growing, and it will take all of us working together to change the landscape. I am committed, as I know you are, to working as long and as hard as it takes to stem the tide of this devastating epidemic.

I look forward to receiving your response no later than October 19, 2012. If you have any questions, please do not hesitate to contact Carole Pratt or Alyssa Penna on my staff at 202-224-6472.

Thank you for taking the time to respond to these questions and contribute your expertise to stopping this epidemic. I appreciate your leadership in medicine and look forward to working with you to fight the epidemic of prescription drug abuse throughout the country.

Sincerely,



John D. Rockefeller IV

United States Senate

WASHINGTON, DC 20510-4802

September 28, 2012

Dr. Georges C. Benjamin
Executive Director
American Public Health Association
800 I Street, NW
Washington, D.C. 20001-3710

Dear Dr. Benjamin,

I want to thank you for your national leadership in promoting the science of medicine and for all the ways your organization makes the practice of medicine safer for the people of West Virginia and across the country.

One area of medical practice that I have worked for years to raise awareness of is the need to fight prescription drug abuse. West Virginia has experienced a steep increase in deaths and overdoses from prescription drugs in recent years. In fact, overdose from prescription painkillers is now one of the leading causes of accidental death in the United States.

Health care providers are entrusted to prescribe important medications for patients while keeping them out of the hands of those who would abuse them. There are many people who truly need medications for chronic pain and other conditions, and they need a health care system that meets their needs with safe, coordinated team-based care. Unfortunately, despite their tremendous importance in treating such conditions, certain prescription drugs have a high risk of being misused or abused.

Over-prescription, misuse and abuse of controlled prescription drugs threaten the health and well-being of many Americans and add unnecessary costs to our health care system. Prescription drugs, primarily opioid painkillers, have eclipsed illegal drugs as a cause of drug overdose deaths. The Office of National Drug Control Policy describes prescription drug abuse as the nation's fastest-growing drug problem, and the Centers for Disease Control and Prevention has classified prescription drug abuse as an epidemic.

Studies show that physicians receive limited school training in identifying and treating prescription drug abuse, and limited tools are available to prescribers to help them provide evidence-based care to patients. In March of this year, I held a hearing in the Senate Finance Subcommittee on Health and heard from health care professionals about the role they can play in stopping devastating epidemic of prescription drug abuse. Witnesses continued to emphasize the need to better educate physicians and other healthcare providers about the safe and appropriate use of prescription analgesics and sedatives, as well as harness innovations like telemedicine and improved care coordination.

Unfortunately, I fear that the prescription drug abuse epidemic has already far outpaced the medical profession's ability to overcome it, given current training and modes of care

delivery. I know that health professionals encounter patients on a daily basis who are affected by inappropriate pain care, addiction, or both. Like many in your profession, not a day goes by when I don't hear another tragic story about prescription drug overdose in West Virginia. I continue to talk to too many families and communities in West Virginia that have felt the terrible burden of a loved one who is addicted to prescription drugs, or who have lost loved ones to an overdose. Simply put, I believe that without a concerted and coordinated effort from health professions schools, residency programs, payers, and health care systems to harness innovations and improve care in this area, we have little hope of turning the tide on these devastating trends.

To prevent the unsafe use of prescription drugs and reduce overdose deaths, I have introduced the Prescription Drug Abuse Prevention and Treatment Act of 2011, which would require prescribers to obtain a minimum level of training before obtaining their DEA license to prescribe controlled substances, and include other measures to reduce deaths and overdoses from prescription drugs. I have also worked with the Substance Abuse and Mental Health Services Administration to bring a Continuing Medical Education course to all prescribers in my home state of West Virginia, and recently wrote to the major health professions schools in my state to ask for more information on how they are training their students on this epidemic.

As I continue to work with members of the prescribing community, it would be very helpful for me to know what steps your organization is taking to educate your members about the prescription drug epidemic and your specific recommendations for addressing this enormous challenge.

Please address the following questions in your response:

- Are you aware of any barriers that restrict your members' abilities to effectively prevent, identify, and treat prescription drug abuse – including misuse, addiction, overdose and death -- throughout the lifespan?
- What percentage of your membership has an active license to prescribe controlled substances? Of that group, what percentage has received training on evidence-based clinical guidelines and/or best practices for prescribing opioids for chronic pain and identifying people at risk of addiction?
- In what ways, if any do you seek to educate your membership on best practices for reducing the risk of prescription drug abuse, while ensuring access to prescriptions for people with a legitimate medical need? If so, how do you distribute this information to your members and encourage its use?
- Do you regularly communicate with your membership to determine the challenges they face when seeking to appropriately prescribe controlled substances and seek their recommendations for health system improvements in this area?
- In what ways can third-party payers – both public and private - help provide information, resources, and tools that providers need to make decisions regarding controlled substances?

- How do you suggest we use and build on existing systems within Medicare, Medicaid, and the private sector to identify inappropriate drug use and provide feedback to doctors and patients to ensure better coordinated care?
- With regard to the daily practice challenges faced by your membership, how does prescription drug abuse fit into the larger context of barriers to appropriate mental health, substance abuse, and addiction treatment?

The prescription drug problem is complex and growing, and it will take all of us working together to change the landscape. I am committed, as I know you are, to working as long and as hard as it takes to stem the tide of this devastating epidemic.

I look forward to receiving your response no later than October 19, 2012. If you have any questions, please do not hesitate to contact Carole Pratt or Alyssa Penna on my staff at 202-224-6472.

Thank you for taking the time to respond to these questions and contribute your expertise to stopping this epidemic. I appreciate your leadership in medicine and look forward to working with you to fight the epidemic of prescription drug abuse throughout the country.

Sincerely,



John D. Rockefeller IV

United States Senate

WASHINGTON, DC 20510-4802

September 28, 2012

Dr. Errol Alden
Executive Director/CEO
American Academy of Pediatrics
141 Northwest Point Boulevard
Elk Grove Village, Illinois 60007-8000

Dear Dr. Alden,

I want to thank you for your national leadership in promoting the science of medicine and for all the ways your organization makes the practice of medicine safer for the people of West Virginia and across the country.

One area of medical practice that I have worked for years to raise awareness of is the need to fight prescription drug abuse. West Virginia has experienced a steep increase in deaths and overdoses from prescription drugs in recent years. In fact, overdose from prescription painkillers is now one of the leading causes of accidental death in the United States.

Health care providers are entrusted to prescribe important medications for patients while keeping them out of the hands of those who would abuse them. There are many people who truly need medications for chronic pain and other conditions, and they need a health care system that meets their needs with safe, coordinated team-based care. Unfortunately, despite their tremendous importance in treating such conditions, certain prescription drugs have a high risk of being misused or abused.

Over-prescription, misuse and abuse of controlled prescription drugs threaten the health and well-being of many Americans and add unnecessary costs to our health care system. Prescription drugs, primarily opioid painkillers, have eclipsed illegal drugs as a cause of drug overdose deaths. The Office of National Drug Control Policy describes prescription drug abuse as the nation's fastest-growing drug problem, and the Centers for Disease Control and Prevention has classified prescription drug abuse as an epidemic.

Studies show that physicians receive limited school training in identifying and treating prescription drug abuse, and limited tools are available to prescribers to help them provide evidence-based care to patients. In March of this year, I held a hearing in the Senate Finance Subcommittee on Health and heard from health care professionals about the role they can play in stopping devastating epidemic of prescription drug abuse. Witnesses continued to emphasize the need to better educate physicians and other healthcare providers about the safe and appropriate use of prescription analgesics and sedatives, as well as harness innovations like telemedicine and improved care coordination.

Unfortunately, I fear that the prescription drug abuse epidemic has already far outpaced the medical profession's ability to overcome it, given current training and modes of care

delivery. I know that health professionals encounter patients on a daily basis who are affected by inappropriate pain care, addiction, or both. Like many in your profession, not a day goes by when I don't hear another tragic story about prescription drug overdose in West Virginia. I continue to talk to too many families and communities in West Virginia that have felt the terrible burden of a loved one who is addicted to prescription drugs, or who have lost loved ones to an overdose. Simply put, I believe that without a concerted and coordinated effort from health professions schools, residency programs, payers, and health care systems to harness innovations and improve care in this area, we have little hope of turning the tide on these devastating trends.

To prevent the unsafe use of prescription drugs and reduce overdose deaths, I have introduced the Prescription Drug Abuse Prevention and Treatment Act of 2011, which would require prescribers to obtain a minimum level of training before obtaining their DEA license to prescribe controlled substances, and include other measures to reduce deaths and overdoses from prescription drugs. I have also worked with the Substance Abuse and Mental Health Services Administration to bring a Continuing Medical Education course to all prescribers in my home state of West Virginia, and recently wrote to the major health professions schools in my state to ask for more information on how they are training their students on this epidemic.

As I continue to work with members of the prescribing community, it would be very helpful for me to know what steps your organization is taking to educate your members about the prescription drug epidemic and your specific recommendations for addressing this enormous challenge.

Please address the following questions in your response:

- Are you aware of any barriers that restrict your members' abilities to effectively prevent, identify, and treat prescription drug abuse – including misuse, addiction, overdose and death -- throughout the lifespan?
- What percentage of your membership has an active license to prescribe controlled substances? Of that group, what percentage has received training on evidence-based clinical guidelines and/or best practices for prescribing opioids for chronic pain and identifying people at risk of addiction?
- In what ways, if any do you seek to educate your membership on best practices for reducing the risk of prescription drug abuse, while ensuring access to prescriptions for people with a legitimate medical need? If so, how do you distribute this information to your members and encourage its use?
- Do you regularly communicate with your membership to determine the challenges they face when seeking to appropriately prescribe controlled substances and seek their recommendations for health system improvements in this area?
- In what ways can third-party payers – both public and private - help provide information, resources, and tools that providers need to make decisions regarding controlled substances?

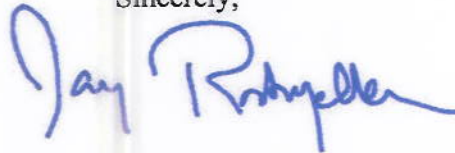
- How do you suggest we use and build on existing systems within Medicare, Medicaid, and the private sector to identify inappropriate drug use and provide feedback to doctors and patients to ensure better coordinated care?
- With regard to the daily practice challenges faced by your membership, how does prescription drug abuse fit into the larger context of barriers to appropriate mental health, substance abuse, and addiction treatment?

The prescription drug problem is complex and growing, and it will take all of us working together to change the landscape. I am committed, as I know you are, to working as long and as hard as it takes to stem the tide of this devastating epidemic.

I look forward to receiving your response no later than October 19, 2012. If you have any questions, please do not hesitate to contact Carole Pratt or Alyssa Penna on my staff at 202-224-6472.

Thank you for taking the time to respond to these questions and contribute your expertise to stopping this epidemic. I appreciate your leadership in medicine and look forward to working with you to fight the epidemic of prescription drug abuse throughout the country.

Sincerely,



John D. Rockefeller IV